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SECRETARY OF THE AIR FORCE**



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Medical Command

TOBACCO USE IN THE AIR FORCE

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Maj Jayne E. Stetto)
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This instruction implements AFD 40-1, *Health Promotion*, and establishes procedures to control tobacco use in Air Force buildings, facilities, vehicles, and aircraft. It also implements DoD Directive 1010.10, *Health Promotion*, March 11, 1986, and DoD Instruction 1010.15, *Smoke-Free Workplace*, March 7, 1994. It does not supersede or cancel other instructions that control smoking because of fire, explosive, or other safety hazards.

(AFSPC) The OPR for this supplement is HQ AFSPC/SGOZ (Lt Col Jo-Ann L. Seymour). This supplement implements and extends the guidance of Air Force Instruction (AFI) 40-102, *Tobacco Use in the Air Force*. The AFI is published word-for-word without editorial review. Air Force Space Command (AFSPC) supplemental material is indicated in bold face. This supplement describes AFSPC's procedures for use in conjunction with the basic AFI. It applies to Air Force Space Command, and all subordinate units. This supplement applies to the Air National Guard (ANG) when published in the ANGIND2. It also applies to all Air Reserve Component (ARC) members when performing duty on AFSPC installations. The reporting requirement in this directive is licensed under AFSPC-FM(M)9201. Upon receipt of this integrated supplement discard the Air Force basic publication.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

(AFSPC) Requiring personnel in uniform to use tobacco products only in designated areas or privately owned vehicles while on AFSPC installations was deleted since it was redundant with para-

graph 2.2.1. Reporting tobacco use data to AFSPC/CC in Quality Performance Measure briefings was deleted. HPM forwarding tobacco cessation course follow up metrics to HQ AFSPC Health Promotion (SGOZ) was added. A bar (|) indicates revision from previous edition.

1. Functional Area Responsibilities:

1.1. HQ USAF:

1.1.1. HQ USAF/CC. The Chief of Staff establishes policies on the use of tobacco products (spit tobacco, defined by the Center for Disease Control and Prevention [CDC] to be loose tobacco used by “dippers” and “chewers”) and all types of smoking tobacco, to include cigars, in Air Force facilities.

1.1.2. HQ USAF/SG. The Surgeon General is responsible for mission support of tobacco cessation programs.

1.2. Installations and Units:

1.2.1. Installation commanders enforce policies on the use of tobacco products.

1.2.1.1. (Added-AFSPC) Unit commanders and senior leaders will act as role models and use all available forums to inform personnel of AFSPC tobacco use policy. Senior leadership will evaluate their policies and practices to eliminate conflicting messages on tobacco use and create an environment supportive of users’ efforts to quit. Installation commanders will establish anti-tobacco POCs to develop and execute a plan for implementing AFSPC tobacco use policy.

1.2.2. Medical treatment facility commanders (MTF/CC) ensure tobacco product cessation classes are provided to active duty members, family members, and retirees. Cessation classes are also made available to employees of the federal government on a space available basis.

1.2.3. Medical care providers ask individuals about tobacco use history at every encounter; Dental care providers ask individuals about tobacco use history at every annual examination, as a minimum. Medical and dental providers will furnish pertinent professional advice to every tobacco user, using the guidelines in the Smoking Cessation Clinical Practice Guideline (AHCPR Pub # 96-0692) published by the US Department of Health and Human Services. For those individuals desiring a cessation program, providers will facilitate referral to the Health and Wellness Center (HAWC).

2. Program Elements:

2.1. Tobacco Use. The Air Force discourages the use of all tobacco products; The ill effects of tobacco use are well documented.

2.2. Workplace. The Air Force prohibits smoking (cigar, cigarette, pipe) and the use of smokeless (spit/loose tobacco) products in the workplace to protect the health of all workers.

2.2.1. The use of tobacco products is permitted only in designed tobacco use areas.

2.2.2. The Air Force recognizes equal work breaks (when these breaks are permitted) for tobacco users and non-tobacco users.

2.2.3. The Air Force prohibits indoor tobacco use in all Air Force facilities, except in assigned government housing and recreation facilities specifically designated by the installation commander permitting indoor tobacco use (smoking). In such cases, the tobacco use area is designated and separate from common areas that non-smokers must utilize. The designated indoor tobacco use area may not be a public, common-use area, such as: restrooms, hallways, stairways, or offices. Installation commanders are encouraged to limit the size of these areas.

2.2.3. (AFSPC) Prohibit tobacco use in all Air Force Space Command facilities except dormitories and military family housing. (See paragraph 2.5.3.1.). This also applies to government furnished/contractor occupied facilities as well as any government-leased facilities.

2.2.4. Tobacco use is prohibited in recreation facilities offering programs that are oriented toward children. Additionally, tobacco use is prohibited in all other recreation facilities during children's programs.

2.2.4. (AFSPC) Prohibit the use of tobacco products in all recreation facilities.

2.2.5. The Air Force prohibits tobacco use in Air Force vehicles by all personnel, civilian or military.

2.2.6. The Air Force prohibits tobacco use in medical treatment facilities (MTF). Patients using tobacco must do so only in a designated area and must have the attending physician's written order.

2.2.7. The Air Force prohibits tobacco use on Air Force or contract aircraft.

2.2.8. The Air Force prohibits students from using tobacco in any professional military education (PME) or formal training school, during school duty hours, to include: Basic Military Training, Officer Training Group, Airman Leadership School, Undergraduate Flying Training, and at the US Air Force Academy.

2.2.9. Points of ingress and/or egress (i.e. doors) to facilities, in addition to windows and air intake units/vents, are considered part of the workplace for the purpose of this instruction. Any designated tobacco use areas will be away from these points. Tobacco use area distance must be sufficient so as not to allow smoke to be drawn into the building through openings in doors, windows, and/or air intake units.

2.2.9. (AFSPC) Do not locate outdoor 'tobacco use' areas and "butt" cans near building entrances or next to pedestrian walkways where passersby will be exposed to second hand smoke.

2.2.10. When possible, installation and/or squadron commanders designate outdoor tobacco use areas, which are reasonably accessible to employees and provide some protection from the elements.

2.2.11. Installation commanders ensure that all smoking areas are marked with signs: "Designated Tobacco Use Area." Butt cans and receptacles are located only in the designated outdoor area, not at doorways or in vestibules. Only fire, explosives, or safety hazard areas require "No Smoking" signs. Government housing does not require "Designated Tobacco Use Area" signs.

2.3. Sale of Tobacco. The Air Force prohibits the sale of tobacco products in medical treatment facilities.

2.3. (AFSPC) Prohibit the sale of tobacco products in all Services facilities. (Army Air Force Exchange Services and Defense Commissary System facilities may continue to sell tobacco products, but the facility manager must ensure compliance with applicable restrictions.)

2.3.1. The sale of tobacco from vending machines is strictly prohibited on Air Force installations.

2.3.2. No tobacco products are sold on the installation to anyone under the age of 18 years.

2.4. Advertisement of Tobacco. The Air Force prohibits advertisements for tobacco products in all official Air Force publications.

2.4.1. The distribution of tobacco samples on the installation is prohibited.

2.5. Smoking in Lodging, Dormitory, and Housing Facilities. The Air Force does not house smokers and non-smokers together, in the same room or adjoining rooms, in lodging and dormitory facilities.

2.5.1. Smoking is prohibited in all common areas of lodging, dormitory facilities, and family housing.

2.5.1. (AFSPC) Prohibit the use of tobacco products in lodging facilities.

2.5.2. Smoking is allowed only in rooms designated for smokers. If a smoker is assigned a non-smoking room, smoking will not be permitted in the room.

2.5.3. If the smoke or odor from tobacco seeps from a smoking room into common areas or non-smoking rooms, the rights of the nonsmoker will prevail.

2.5.3.1. Commanders may designate areas or buildings in lodging, dormitories, or family housing smoke-free where there is a common air handling unit for multiple individuals or families (e.g. dormitories, stairwell housing, etc.) to ensure a healthy and safe environment for all residents.

2.5.3.1. (AFSPC) Non-tobacco users who reside on base must be afforded tobacco-free living conditions. Designate buildings in family housing or dormitories tobacco-free where there is a common air-handling unit for multiple individuals or families (e.g., dormitories and stairwell housing) to ensure a healthy and safe environment for all residents.

2.5.3.1.1. When an area or building is designated smoke-free, provisions must be made to reasonably accommodate the smoker, e.g. an area or building designated for smoking.

2.6. Education Programs:

2.6.1. Health Promotion Managers (HPMs) ensure installation health promotion programs (to include HPMs in ANG units) incorporate education programs to discourage tobacco use.

2.6.1.1. Tobacco use risk education is provided at all work sites where the respiratory system has been identified as a target of occupational risk.

2.6.2. Both medical and dental providers inquire about the member's tobacco use history during medical and dental examinations. All tobacco users receive professional information about the risks of tobacco use and, if desired, assistance and/or referral for cessation.

2.6.3. Using the “Stages of Change” behavioral model, tobacco cessation participants are evaluated on their readiness to change. Emphasis for cessation is for those identified in “contemplation” or “preparation” stages.

2.6.4. Tobacco cessation programs incorporate cognitive and behavior change strategies, the “cold turkey” approach, or the use of nicotine replacement therapy when appropriate.

2.6.5. Professionals with a background in behavior change therapies have oversight of the program structure and execution.

2.6.6. The MTF/CC appoints a provider from the MTF as the POC to assess appropriateness of nicotine replacement therapy, contraindications for use, and prescribes therapy as needed.

2.6.7. The MTF/CC ensures that tobacco cessation programs are available during both duty hours and nonduty hours at least quarterly.

2.6.8. The HPM ensures evaluation of program success through follow-up surveys administered six months and 12 months after tobacco use has stopped.

3. Application to Civilian Employees of the Federal Government. Policies on local implementation of tobacco use conform to applicable local bargaining agreements.

3.1. Local bargaining obligations must be satisfied prior to implementation.

3.2. Address any concerns about this policy to the local Labor Relations Officer.

4. Application to Contractor Employees and other Non-DoD Personnel. This instruction applies to all contractor employees and other non-DoD personnel on Air Force facilities and in Air Force buildings, vehicles, and aircraft.

5. Tobacco Use Measurement. Fitness Assessment Monitors query members about smoking at the time of annual fitness evaluations.

5. (AFSPC) The HPM will forward tobacco cessation course 6-month follow up metrics to HQ AFSPC Population Health (SGOZ) quarterly. HQ AFSPC Population Health (SGOZ) will consolidate an annual installation tobacco use report and forward to AFSPC Commander (CC).

5.1. The HPM reviews and tracks installation tobacco use data and uses it to guide implementation of programs.

6. (Added-AFSPC) AFSPC tobacco policies will be briefed to in-processing personnel at newcomers' orientation.

7. (Added-AFSPC) The commander of the 12th Space Warning Squadron has the option to waive these standards at Thule AB, Greenland.

CHARLES H. ROADMAN II, Lt General, USAF, MC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION***References*

DoD Directive 1010.10, *Health Promotion*, March 11, 1986

DoD Instruction 1010.15, *Smoke-Free Workplace*, March 7, 1994

AFPD 40-1, *Health Promotion*

Abbreviations and Acronyms

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFPD—Air Force Policy Directive

DoD—Department of Defense

HPM—Health Promotion Manager

MTF—Medical Treatment Facility

OPR—Office of Primary Responsibility

PME—Professional Military Education

POC—Point of Contact

SGOP—Prevention Division